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**PUBLIC HEALTH MEANINGFUL USE MEASURES**

UPDATE TO LETTER ISSUED March, 2015

July 1, 2016

Iowa Providers:

The Iowa Department of Public Health (IDPH) is committed to helping Iowa providers achieve meaningful use of health information technology.

Upon successful completion of Stage 1 Meaningful Use, Eligible Providers (EP) and Eligible Hospitals (EH) must continue to demonstrate ongoing submission of electronic immunization data.

The three public health measures from Stage 1 become core objectives for Eligible Hospitals participating in Stage 2 Meaningful Use. Ongoing electronic submission of data in all areas is required, where supported, for EHs. Only three of the five public health measures are supported in Iowa as indicated below with a check mark.

Immunization data from Stage 1 becomes a core objective for Eligible Providers participating in Stage 2. Electronic submission of data is required, where supported, for EPs. Cancer data reporting through the IHIN to the Iowa Cancer Registry is a core objective for Stages 2 and 3 for all Eligible Providers.

Current Public Health measure status:

- ✓ **Immunizations** - Iowa's Immunization Registry Information System (IRIS) has the capacity to receive immunization data electronically from electronic health records. Upon successful submission of HL7 messages, health care providers can transition to ongoing data exchange. IRIS Data Exchange file specifications are posted on the IRIS [website](#), under the Forms tab. Stage 1 immunization Meaningful Use documents are available on the [IDPH IRIS website](#).
- ✓ **Electronic Lab Reporting** - IDPH is available to assist Eligible Hospitals to achieve Stage 1 and Stage 2 Meaningful Use for electronic laboratory reporting (ELR). The IDPH smartLab™, a component of the IHIN, is required to implement ongoing submission of laboratory reports and achieve the Meaningful Use objective. The implementation guide for electronic laboratory reporting and testing is available at <http://www.idph.iowa.gov/cade/idss>.
- ✓ **Cancer Reporting from Ambulatory Providers** - The State Health Registry of Iowa/Iowa Cancer Registry is working with IDPH and the IHIN with Meaningful Use in Iowa. Information on Ambulatory Healthcare Provider Reporting to Central Cancer Registries including the file layout and implementation guide (IG). Which IG is used is only determined by the Stage the EP is in. If the EP is in Stage 2, they must use the [August 2012 Version](#). If the EP is in Stage 3 they must use the [April 2015 Version](#).  
The on-boarding process for Cancer Reporting [is outlined in a checklist](#) at the IDPH Iowa e-Health Meaningful Use site.
- X **Syndromic Surveillance** - IDPH does not maintain a syndromic surveillance data registry at present and therefore cannot accept syndromic data electronically from electronic health records.
- X **Special Registries** - IDPH is actively reviewing additional potential special registries that may fall under the MU objective for both Eligible Professionals and Eligible Hospitals. Part of this review involves determining value for the healthcare community and identifying support for these potential projects.

To begin the process of connecting to the IHIN for the State public health measures, providers/hospitals must sign a participation agreement with the IHIN. The agreement can be obtained on our website at <http://www.iowahealth.org/provider> or by emailing [health@idph.iowa.gov](mailto:health@idph.iowa.gov).

For Eligible Professionals and Eligible Hospitals **not** pursuing Meaningful Use, methods of submitting immunization data to the Iowa Department of Public Health (IDPH) still exist which will not require enrollment in the Iowa Health Information Network (IHIN).

Sincerely,

Lon Laffey  
CIO  
Interim Director Iowa eHealth

**FAQ for Meaningful Use and Public Health**  
**June 1, 2016**

**Q: Does my facility have to enroll with the Iowa Health Information Network (IHIN) to achieve the Meaningful Use public health objectives?**

A: Yes, for all Eligible Hospitals pursuing the electronic laboratory core objective must enroll with the IHIN.

Eligible Professionals pursuing Meaningful Use are not required to enroll with the IHIN. However, if Eligible Professionals are interested in meeting the menu objective of submitting data to the state cancer registry, enrollment with the IHIN is required.

**Q: If my facility does not intend to pursue Meaningful Use, will I still be required to enroll in the IHIN in order to maintain my legal reporting requirements?**

A: Healthcare providers NOT pursuing Meaningful Use will be able to meet their legal requirements of reporting to the Iowa Disease Surveillance System (IDSS) through existing methods of reporting for infectious and communicable disease, environmental health conditions, and AIDS/HIV reporting. Healthcare providers will continue to have the option of direct data entry for both IDSS and IRIS.

**Q: What costs are associated with enrolling for IHIN services?**

A: Costs for IHIN connectivity are dependent upon organization size and type. More information is available on the website at <http://www.iowahealth.org>.

**Q: How do I report to the Iowa Cancer Registry?**

A: Cancer data can be reported via the IHIN using Secure File Transfer. Since 1982, cancer has been a reportable disease in Iowa, and the State Health Registry of Iowa/Iowa Cancer Registry at the University of Iowa has been delegated the responsibility for collecting data on cancer. Since the Iowa Cancer Registry database is used for research, chapter [135.40](#) of the Iowa Administrative Code protects persons and hospitals from liability of any kind or character by reason of having provided such information. To enroll please submit attachment F of the Participation Agreement found here: [http://iowahealth.org/documents/cms/docs/Resources/Meaningful\\_Use/Cancer\\_Registry/Attachment\\_F.pdf](http://iowahealth.org/documents/cms/docs/Resources/Meaningful_Use/Cancer_Registry/Attachment_F.pdf)

**Q: When will the IDPH be ready to accept syndromic surveillance data?**

A: The Iowa Department of Public Health is exploring the possibility of adopting the latest PHIN specification, currently the *PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient and Ambulatory Care Settings, Release 2.0 (April 2015)* and using the CDC-sponsored BioSense 2.0 application for syndromic surveillance. It is unlikely that IDPH will begin a project related to syndromic surveillance before federal fiscal year 2018.

**Q: Who do I talk to if I have additional questions regarding Meaningful Use?**

A: Please contact John Satre at [john.satre@idph.iowa.gov](mailto:john.satre@idph.iowa.gov) or 515.725.2212.

**IDPH Program Contact Information**

IDSS/HHLPSS/eHARS - [elr@idph.iowa.gov](mailto:elr@idph.iowa.gov)

IHIN - [ehealth@idph.iowa.gov](mailto:ehealth@idph.iowa.gov)

IHIN Helpdesk - [IHIN.HelpDesk@idph.iowa.gov](mailto:IHIN.HelpDesk@idph.iowa.gov)

IRIS - [imm.meaningfuluse@idph.iowa.gov](mailto:imm.meaningfuluse@idph.iowa.gov)

Iowa Cancer Registry - [shrimeaningfuluse@uiowa.edu](mailto:shrimeaningfuluse@uiowa.edu)